



3800 Frederica Street  
P.O. Box 20008  
Owensboro, KY 42304-0008  
270/926-8686

July 31, 2009

Mr. Erich Cleaver  
Kentucky Department for Environmental Protection  
Surface Water Permits Branch  
Permit Support Section  
200 Fair Oaks  
Frankfort, KY 40601



RE: KPDES Application Notice of Deficiency  
KPDES No. KY0074403  
Texas Gas Transmission, LLC  
Slaughters Compressor Station  
AI ID: 44327  
Webster County, Kentucky

Dear Mr. Cleaver:

Enclosed is the fully-executed original Page 4 from Form SC for Outfall 002, which was missing from our initial submittal. Please contact me at (270) 688-6953 or at [Doug.Webster@bwpmlp.com](mailto:Doug.Webster@bwpmlp.com) if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Doug Webster". The signature is fluid and cursive, with the first and last names being clearly legible.

Doug Webster  
Senior Environmental Specialist

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS - OUTFALL 002 (Sand Filter Bed)**

Additive	Composition	Concentration (mg/L)

**XII. EFFLUENT CHARACTERISTICS - OUTFALL 002 (Sand Filter Bed)**


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	<2.0 mg/L	NA	1
TOTAL SUSPENDED SOLIDS	1.0 mg/L		1
FECAL COLIFORM	< 10 colonies/100mL		1
TOTAL RESIDUAL CHLORINE	0.49 mg/L		1
OIL AND GREASE	2.0 mg/L		1
CHEMICAL OXYGEN DEMAND	< 5.0 mg/L		1
TOTAL ORGANIC CARBON	1.35 mg/L		1
AMMONIA	<1.0 mg/L		1
DISCHARGE FLOW	2,000 gallons	NA	1
PH	7.5 std. units		1
TEMPERATURE (WINTER)			Ambient
TEMPERATURE (SUMMER)		Ambient	

B. Frequency and duration of flow: Continuous Flow

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
David Goodwin -VP Compliance & Ops Services	(713) 479-8235
SIGNATURE	DATE
	7/24/09